

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G068	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/27/2013
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON	STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342
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W000000	<p>This visit was for the investigation of complaint #IN00138987.</p> <p>Complaint #IN00138987-Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149, W154, W210 and W331.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of survey: 11/18, 11/19 and 11/27/13</p> <p>Facility Number: 000614 Provider Number: 15G068 AIMS Number: 100272120</p> <p>Surveyor: Paula Chika, QIDP-TC</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality Review completed 12/9/13 by Ruth Shackelford, QIDP.</p>	W000000	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that the deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. Hickory Creek at Gaston desires this Plan of Correction to be considered the facilities Allegation of Compliance</p>	
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Based on observation, interview and record review for 2 of 3 sampled clients (A and B) and for 1 additional client (D), the facility failed to implement its written policy and procedures to prevent neglect of clients A and B in regard to a fall which resulted in a fracture and in regard to a client who demonstrated self-injurious behavior with injuries. The facility failed to implement its policy and procedures in regard to conducting thorough investigations in regard to allegations of abuse, neglect and/or injuries of unknown source for clients A, B and D and to report an allegation of possible neglect in regard to a PICA (eating inedible objects) incident involving client D to state officials/authorities.</p> <p>Findings include:</p> <p>1. During the 11/18/13 observation period between 4:00 PM and 6:50 PM, at the facility, client A was in a regular wheelchair with a Hoyer lift swing sitting underneath the client. Client A had a hard cast on her left foot/leg. The wheelchair had a padded foot rest with one half of the foot rest hanging down (broken). Client A's left foot was on the other half of the padded foot rest elevated on a pillow. During the above mentioned observation period, the</p>	W000149	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:1.</p> <p>Client "A" is currently in a geri chair with legs elevated. There is support under both legs for her and she is much more comfortable in the geri chair. The risk plan for Client A now includes details on the fall with the fracture as well as how to care for the fracture by staff. It includes details on how to transfer safely as well as how to bathe Client A. The cast has been removed and there is currently an air boot for comfort. Client A was assessed by physical therapy on 12-18 and we will follow the plan they made for this client. There is also a risk plan for the diagnosis of Osteopenia/Osteoporosis.</p> <p>2. Client "B" continues to exhibit SIB behaviors. However, there is a specific plan to use the physical interventions quickly in an effort to prevent injury. This plan includes Rear bear hold, Basket hold (from rear bear hold), Half take down and then the use of multiple mats to cushion Client B during attempts to injure self. Client B has been moved to a new classroom and has someone assigned to monitor at</p>		12/27/2013		

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	wheelchair had a gap between the bottom/seat of the chair and the start of the elevated foot rest. Client A's left leg, which was elevated on half of the foot rest, had no support from client A's upper thigh area to below the client's left knee. During the 11/18/13 observation period, client A attempted to lift her bottom up off the wheelchair and/or attempted to shift herself in the wheelchair. Client A would lean over to the side of the wheelchair and/or her bottom slid to the end of the wheelchair seat where the gap was located between the seat and the padded foot rest. At 4:35 PM, client A asked staff #1 to wheel her over to the surveyor. Client A stated "My leg hurts." At that time, client A was taken to a nurse. At 5:00 PM, client A continued to complain of her leg hurting. Staff #6 stated "They just gave her some medicine." Client A asked staff if she could go to her room to lay down. Client A was taken back to her bedroom with 2 staff going into the room. At 5:14 PM, client A was brought back to the classroom. Staff #2 stated "She was repositioned" and client A was given something to drink. At 5:21 PM, client A was attempting to reposition herself as her shirt was up in the back. Client A was not able to pull the shirt down and pushed her back against the wheelchair to try and shift		all times during her waking hours. 3. Please see W153 regarding Client "D" and the PICA incident. Please see response to W154 regarding Clients A, B and D and the investigations.HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:1. All clients with a fracture could be affected. In the event of a fracture, therapy will be called to evaluate and follow up on any and all issues related to the fracture. Risk plans will be updated regarding specific issues. Therapy is now coming to evaluate clients on a quarterly basis and with any major changes to assure that all needs are met regarding ambulation and seating. 2. All clients with behaviors could be affected. Any client with SIB behaviors will be closely watched and the physical intervention plan will be used in the event other attempts to prevent them from injuring themselves is ineffective.3. Please see response to W153 and W154		

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	<p>herself. Client A was leaning to the right side of the wheelchair. Client A's wheelchair did not support her upper body. Client A had a frown on her face. While in the dining room on 11/18/13, client A was leaning to the left as she waited on her food. At 6:35 PM, staff #2 assisted client A to sit up straight and folded a pillow and placed it in the back of client A's wheelchair so client A could eat. Client A could not reach her food. The pillow was moved to the side of client A's back at that time.</p> <p>The facility's reportable incident reports, facility incident reports and/or investigations were reviewed on 11/19/13 at 10:08 AM. The facility's 10/25/13 reportable incident report indicated "On 10-25-13 at 4:30 PM resident (client A) was being ambulated with staff member, safety equipment in place when she began having a behavior. Resident lost her balance and fell to the left side. Resident vital signs were obtained and assessed for injury then assisted to a chair. Resident guarding left lower extremities and stated it hurt. [Name of doctor] notified and x-ray orders were obtained...X-ray results showed a Bimalleolar fracture to the left ankle. [Name of doctor] notified and orders given to send resident to local Orthopedic clinic for evaluation in the</p>		<p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:1. All clients who ambulate will be seen by Physical Therapy on a quarterly basis to assure that, if needed, there is a plan to assist them. Clients will also be screened on a quarterly basis with regards to seating to assure comfort. 2. All clients with SIB behavior will be monitored by staff closely in their classrooms. There is a new schedule for Active Treatment which will make it very easy to assure all classrooms are providing active treatment in the areas of vocational, money management, etc. which should assist staff with monitoring for these behaviors.3. Please see responses to W153 and W154.HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: 1. The DON will work with therapy to make sure all clients are on a list to be seen by them. Any recommendations will be followed up by the DON or her designee to assure they are implemented. The results of these visits will be discussed during the quarterly QA committee meeting with the</p>		

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	<p>AM. On 10-26-13 at 7:30 AM it was noted that Orthopedic clinic was closed so resident was sent to [name of hospital] ER (emergency room) for evaluation...."</p> <p>The facility's 10/29/13 follow up report indicated "[Client A] sustained a fracture to her left ankle during a behavioral incident on 10-25-13. She was walking with assistance of a staff member and with safety devices (gait belt and leg brace) in place. When [client A] presented a behavior and reached out away from the staff who was assisting her to walk, she lost her balance and the staff member who was assisting her could not keep her from falling. The immediate interventions are to provide a Geri-chair for [client A's] mobilization and to move her to a program area in the main building where she is more easily monitored. In this way, it can be assured that she does not attempt to get up from the chair. Two people will be assigned to assist with transfer to assure [client A's] safety as well. Beginning when [client A] is able to ambulate, two staff will accompany [client A] when she walks and both staff will have their hands on the gait belt that will be around [client A] (one on either side of her). In this way, should another behavioral incident occur, two staff will</p>		<p>Medical Director's input. This will be ongoing. 2. The new Active Treatment schedule will be monitored by the QIDP's. Any and all injuries of unknown origin will be discussed thoroughly during the daily IDT meeting and all injuries will be investigated thoroughly including asking others who are in the room if they saw or heard anything. The QIDP's will give a report during the quarterly QA meeting. This will be ongoing.</p>		

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	<p>be available to keep her safe. A PT (physical therapy) evaluation has also been requested. [Client A] has a follow-up appointment with [initials of orthopedic clinic] on Nov. (November) 11, 2013...."</p> <p>The facility's 11/7/13 Investigation Summary indicated "...[Client A] attempted to hit staff and fell on her left side while walking. Nursing assessment found left hip red. No further injury noted at that time. [Client A] will stand on right leg but will not bear weight on left leg. [Client A] had complaint of pain to her left leg, non-specific...." The investigation indicated client A's behavior and fall were witnessed. The facility's investigation indicated an "...ATF (Active Treatment Facilitator) (staff #4) was walking [client A] from her classroom to the dining room, holding on to her gait belt. During the walk [client A] passed [staff #3] and she attempted to hit/swat at her. According to [staff #4], [client A] lost her balance and she was unable to hold her steady. [Client A] fell on left side to the ground. [Staff #4] states nursing responded immediately...." The facility's 11/7/13 investigation indicated client A complained of pain in her leg and the client's doctor ordered an X-ray where the client was sent out to a local hospital</p>				

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	<p>for treatment. The investigation indicated client A had a fall risk plan in place and had a behavior plan for physical aggression. The 11/7/13 investigation did not indicate if any other adaptive equipment was worn and/or utilized with the client at the time of the incident. The facility's 11/7/13 investigation also did not include interviews with other clients who may have been in the dining room at the time of the incident.</p> <p>An attached 10/30/13 Progress Note indicated client A's behavior plan was updated to include "...[Client A] will be assisted by two staff, using and holding the gait belt when [client A] is walking. This approach will allow [client A] to continue independence while being monitored on both sides in the event she has any more behaviors such as attempting to swat/hit at others. [Client A] is presently in a jeri (sic) chair and receiving programming in the retirement class at this time. [Client A] will be provided with her regular programming once she is feeling better and sitting in a wheelchair...."</p> <p>Client A's record was reviewed on 11/19/13 at 2:16 PM. Client A's Nurses Notes indicated the following (not all inclusive):</p>						

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	<p>-8/26/13 "Res (resident) was being assisted back to class where she tripped & (and) fell to her right side. Res. assessed. ROM (range of motion) as usual. superficial (sic) abrasion measuring 1 cm (centimeter) x (by) 1 cm area cleansed with soap/water, staff reports res did not hit head...abrasion on right knee. no (sic) other injuries."</p> <p>-10/25/13 "Resident attempted to hit staff and fell on (L) (left) side while walking. (L) hip red upon assessment. 0 (Zero) further injury noted. ROM within normal limits to knee. Will stand on (R) (right) leg but will not bear weight on (L) leg. C/O (complains of) (L) leg pain. (continued...) Refused Blood Sugar assessment. C/O (L) leg pain (non-specific). Fall witnessed. Dr. updated (with) new orders...to obtain x-ray of (L) extremity...Tylenol given for pain."</p> <p>-10/25/13 (10:18 PM) "Mobile xray here. Xray left leg. Awaiting results."</p> <p>-10/25/13 (11:40 PM) "Xray results received. Left hip results no fracture or dislocation, left knee no fracture or dislocation seen. Left foot results no fracture or dislocation seen. Left ankle results trimalleolar (fracture which</p>			

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	<p>involves the lateral malleolus, medial malleolus and the distal posterior aspect of the tibia) ankle fracture...call placed out to [name of doctor]."</p> <p>-10/25/13 (11:45 PM) [Name of doctor] notified of results. N.O. (new order) Orth Consult to be early tomorrow."</p> <p>-10/26/13 (7:30 AM) Tylenol was given to client A for pain. Client A was awake laying in bed. The note indicated client A's left ankle was "...swollen, tender to touch. Attempted to make appt (appointment) @ (at) [name of orthopedic clinic] and they are closed today. [Name of doctor] updated with orders to send to ER...."</p> <p>-10/26/13 (8:15 AM) Client A was transported to hospital ER by ambulance.</p> <p>-10/26/13 (12:30 PM) Client A was given Tylenol for pain. The note indicated client A was not to bear weight and client A's leg was "slightly swollen."</p> <p>-10/26/13 (1:30 PM) "Ret'd (returned) from hosp (hospital) via cot by ambulance. It (left) (sic) ankle has splint in place. Able to move toes. Skin is warm & dry. Swelling remains to toes. Hoyer into Jeri (sic) chair w/ (with) feet</p>						

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	<p>elevated on pillows. Continues to complain of pain with movement. Refuse ice. Orders rec'd (received) for pain meds, ice & elevation and to follow-up with [name of orthopedic clinic] in 3-5 days. Will continue to monitor & medicate as needed."</p> <p>-10/27/13 (1:30 PM) "...In geri chair legs elevated. left (sic) leg slightly swollen. Resident denies pain...."</p> <p>-10/27/13 (7:00 PM) "Res in geri chair with leg elevated...c/o of ankle pain. Provided Norco for pain...Will monitor continuously."</p> <p>-10/28/13 (12:30 PM) Client A went to the orthopedic doctor for a follow-up appointment.</p> <p>-10/28/13 (4:00 PM) "Res. returned from orthopedics (sic) appointment. New orders received. Non-weight bearing on left leg, use wheelchair. Full assist with transfers. Res has a follow up apt (appointment) on 11-11-13...has no complaint of pain at this time...."</p> <p>-11/4/13 (7:32 AM) "N.O. Clarification: Bed alarm in place et (and) functioning. Monitor qt (every) shift."</p> <p>Client A's 10/26/13 FINAL REPORT</p>						

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	<p>(X-ray) indicated "...FINDINGS: There is Osteopenia. There is an obliquely oriented fracture through the distal fibula. Small tibiotalar joint effusion. Irregularity along the anterior aspect of the tibia maybe related to small anterior tibial fracture at the distal tibia or possibly degenerative change. Probable fracture along the posterior tibia which is not significantly displaced and best seen on the lateral view. IMPRESSION: Obliquely oriented distal fibula fracture with probable posterior tibia fracture and degenerative change versus anterior tibial fracture distally. 2. Osteopenia...."</p> <p>Client A's 10/26/13 Emergency Department Discharge Instructions indicated client A was to follow-up with his primary care doctor in 1 to 2 days and with an orthopedist in 3 to 5 days. The ER note indicated client A was not to walk on the ankle, to keep the ankle elevated and use ice.</p> <p>Client A's 10/28/13 Orthopedic note indicated "...Today's instructions/counseling includes no weight bearing...Other: short leg cast applied. The patient was instructed to follow up in 14 days. A follow up visit to be scheduled to obtain X-rays of affected area in cast, for fracture</p>				

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	<p>re-evaluation and 3 views of the ankle. The patient was instructed to call the office if the pain is not improving or is worsening. Diagnosis: 1. Trimalleolar Fx (fracture)-closed (824.6), Acute. I will review with our foot and ankle surgeon. I feel it may be the best interest at this point to pursue nonoperative treatment initially. Certainly if the fracture position changes then open reduction and internal fixation will be required. She is to be nonweightbearing (sic) and have assistance with transfers. Mainly ambulate with a wheelchair...Additional information: PATient (sic) here after she fell and injured Lt ankle. Went to [name of hospital] ER and they said she had a fracture and splinted it. Also gave her Norco for pain. Here today for follow up. States she is having constant pain. She normally ambulates in a wheelchair. She needs assistance for transfers. She has worn an AFO (leg splint/brace)..." Client A's 10/28/13 Orthopedic note indicated client A's diagnosis included, but was not limited to, Osteoporosis.</p> <p>Client A's 11/11/13 Orthopedic note indicated "...Diagnosis: 1. Trimalleolar fracture, closed (824.6) X-ray shows that alignment of the fracture. I did review the case with [name of doctor], our foot and ankle surgeon, who agreed</p>			
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	<p>with nonoperative treatment in this patient. Continue with present cast. She is to be nonweightbearing (sic) and will continue to need assistance with transfers. No new medication at this time, Follow-up in two weeks. Three views of the ankle in the cast at that time. She will likely be in a cast for 6 to 8 weeks...She is experiencing tenderness...." The 11/11/13 Orthopedic note indicated "Three views of the ankle in cast show an oblique fracture of the distal fibula with nondisplaced fracture of the medial malleolus and fracture of the posterior malleolus. The talus (ankle bone) is centered under the tibia."</p> <p>Client A's record indicated the following PT evaluations/assessments:</p> <p>-9/25/13 Client A "...ambulates (with) Merry Walker, but can ambulate (with) staff & gait belt. She has adaptive devices of (L) AFO...Pt. (patient) continues to require 1 person assist (with) transfers...."</p> <p>-11/9/13 Client A had a left ankle fracture. The PT note indicated client A was "...referred to PT following increasing need for strength training and mobility after (L) ankle trimalleolar fracture...Pt ambulated and transferred with staff assist/supervision...gait</p>						

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	<p>Unable to ambulate @ this time. Pt will benefit from supine and sitting exercises as prescribed to nurse and aides to follow up with patient on (sic)."</p> <p>Client A's 11/4/13 Behavior Intervention Plan (BIP) indicated client A demonstrated physical aggression defined as "scratching, kicking, pulling on others, throwing object at someone, swatting at people who pass or come near to her, or as she is walking by others (this is often done in a teasing/attention seeking manner)."</p> <p>Client A's 11/5/13 Individualized Support Plan (ISP) indicated client A had the following adaptive equipment (not all inclusive):</p> <ul style="list-style-type: none"> -Left leg brace to improve mobility. The ISP indicated client A was to wear the brace when she was out of bed. -Wheelchair for safety due to being a fall risk. The ISP indicated the wheelchair was to be used as needed for transportation. -Merry Walker for safety due to being a fall risk. The ISP indicated client A was to use the Merry Walker to self transport in buildings as needed. 						

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	<p>-AFO left splint was to be worn when the client was walking. The ISP indicated client A was to put the AFO on when she dressed for the day.</p> <p>Client A's 11/5/13 ISP indicated client A had a risk plan for "Safety Skills/Fall Risk" which indicated the following:</p> <p>"-Will sit carefully in a chair (avoid hitting arms of chairs) -Will wait for staff assistance before walking -Will walk without stumbling -Will walk without falling -Will identify a wet-floor sign -Will walk around water -Will avoid walking on clothing or similar items -Will correctly use adaptive equipment."</p> <p>Client A's 11/1/13 Nursing Care Plan indicated "...10. Fall Risk Identifier in place Safety goal in place Fall risk assessment completed quarterly and with every fall If fall occurs, nursing to assess for injuries Low bed Mat beside bed Bed Alarm Walker, w/c (wheelchair), other adaptive devices as ordered (splints, orthopedic</p>						

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	<p>shoes, etc.) PT/OT (occupational therapy) evaluations as indicated...."</p> <p>Client A's 10/25/13 Episodic Care Plan Falls indicated client A was a fall risk. The episodic care plan indicated client A participated in a "falling leaf program (fall assessment)." The risk plan indicated client A fell when she attempted to hit staff. The plan also indicated client A utilized a wheelchair, walker, gait belt and required a 2 staff assist for ambulation and transfers. The 10/25/13 episodic plan did not indicate client A had a fractured ankle. Client A's 11/5/13 ISP, 11/9/13 PT evaluation and/or 10/25/13 Episodic Care Plan failed to indicate how facility staff were to care for the fracture in regard to how to bathe the client, how to specifically transfer the client as no Hoyer Lift was indicated. Client A's 11/5/13 ISP and/or 10/25/13 Episodic care plan did not indicate client A had a risk plan which addressed the client's Osteoporosis/Osteopenia diagnoses. Client A's 11/5/13 ISP and/or record indicated client A did not have a risk plan in place in regard to ambulation prior to the 10/25/13 fall/fracture as the use of a gait belt was not part of the client's plan prior to 10/25/13 incident. Client A's PT evaluation and/or record</p>				

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	<p>did not indicate the type of gait belt to be used with client A. Client A's interdisciplinary team failed to obtain an assessment in regard to the needed adaptive equipment for client A's ankle fractures regarding mobility and transfers to ensure the client's safety.</p> <p>Interview with client A on 11/18/13 at 4:40 PM indicated she did not know how she hurt her leg. Client A shrugged her shoulders when asked.</p> <p>Interview with staff #2 on 11/18/13 at 4:43 PM stated client A fell while trying to "swat at staff."</p> <p>Interview with LPN #2 on 11/19/13 at 1:25 PM indicated client A's wheelchair was not comfortable for client A. LPN #2 indicated client A would complain of leg pain. LPN #2 indicated client A's wheelchair leg rest was broken. LPN #2 indicated client was placed in a new wheelchair/Geri Chair as of 11/19/13. LPN #2 stated the new wheelchair/geri chair "looks more comfortable." LPN #2 indicated 2 staff used the Hoyer lift to assist client A to transfer. LPN #2 indicated client A was not to bear any weight on her left foot.</p> <p>Interview with LPN #1 on 11/19/13 at 1:33 PM indicated she witnessed client</p>						

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON	STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342
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	<p>A fall in the dining room. LPN #1 indicated client A was getting ready to eat and the client was assisted by staff to transfer with a gait belt. LPN #1 stated client A stood and leaned over to "swat" a staff person and the staff who had a hold of the gait belt was not able to hold onto the client when she lost her balance and fell. LPN #1 stated "Staff not able to hold her up. She (client A) landed on her left side." LPN #1 indicated facility staff was not able to prevent client A from falling due to client A's size. When asked what type of gait belt was on the client that day, LPN #1 stated a "regular gait belt." LPN #1 stated she was concerned client A had a "hip injury" as the client's hip was red and the client was refusing to bear weight. LPN #1 indicated client A had 2 fractures in the ankle. LPN #1 indicated client A complained of pain today and was given her pain medication. LPN #1 stated "She was not comfortable in the wheelchair. Tried to assess a different chair for her today." LPN #1 indicated PT had been in to see the client since client A fractured her ankle. LPN #1 indicated client A would have 2 staff assist the client to ambulate with a gait belt once the client's ankle healed. LPN #1 stated client A was being transferred with "a Hoyer lift only" as client A was non weight bearing. When asked if</p>			

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON			STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342		
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	<p>client A's wheelchair had been evaluated by the PT, LPN #1 stated "No." LPN #1 indicated she thought the PT had made some recommendations. When asked how facility staff were to shower/bathe client A, LPN #1 stated "Orders not to get wet. Cover. They (staff) were giving her a bed bath when she first fractured her ankle." LPN #1 indicated she thought facility staff were covering client A's cast with something. LPN #1 stated an "Episodic Care Plan " was put in place at the time client A fell. LPN #1 stated the CNAs (certified nurse aides) were "educated at shift change/covered in huddle" on how staff were to care for client A's fractured ankle. LPN #1 was not able to locate any additional risk plans for the care of client A's fractured ankle.</p> <p>Interview with administrative staff #1, the Director of Nursing (DON) and Qualified Intellectual Disabilities Professional (QIDP) #1 on 11/19/13 at 4:26 PM indicated client A fractured her leg from a fall while having a behavior. Administrative staff #1 and QIDP #1 indicated facility staff had a hold of client A's gait belt when the client lost her balance and fell. QIDP stated client A was "swatting at staff." QIDP #1 indicated client A's behavior was part of the client's behavior plan. When</p>				

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	<p>asked if client A had her AFO splint on at the time of the fall, administrative staff #1 and QIDP #1 did not know if the client had her left AFO on.</p> <p>Administrative staff #1 indicated the facility's investigation did not indicate if client A had any adaptive equipment on other than the gait belt. QIDP #1 indicated client A used a Geri Chair after the incident occurred but then was changed to a regular wheelchair with padded foot rests. When asked if the wheelchair client A used during the 11/18/13 observation period was a Geri chair, QIDP #1 indicated it was not. QIDP #1 indicated client A was placed in a different chair on 11/19/13. When asked if client A had more than 1 fracture to her ankle, the DON stated it sounded like "more than 1. Sounds like 3 to 4." Administrative staff #1 and QIDP #1 indicated they were not aware client A had more than 1 fracture in the client's left ankle. When asked if PT and/or OT had assessed/evaluated client A's wheelchair to make sure it was appropriate for the client's needs and/or recommended any other needed adaptive equipment as the client was not weight bearing, QIDP #1 stated "No." When asked if client A had a risk plan in place for the care of her fractured ankle, administrative staff #1, QIDP #1 and the DON indicated they would have to</p>				

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON			STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342		
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	<p>check. QIDP #1, the DON and administrative staff #1 were not sure if client A had a protocol/risk plan in regard to ambulation prior to the fall/fractures.</p> <p>2. The facility's reportable incident reports, Incident/Accident Reports (IAR) and/or investigations were reviewed on 11/19/13 at 10:08 AM. The facility's reportable incident reports, IARs and/or investigations indicated the following:</p> <p>-10/7/13 Client B had "Redness of scratches on chest and bruise on the back on the left side. 1) 3 scratches to chest-refused measurement 2) 1 cm x 1 cm (R) (right) (upper) back green discoloration 3) 3 cm x 1.5cm middle back green discoloration 4) (L) (lower) back 1 cm x 0.5 cm green discoloration 5) 2 cm x 2 cm (R) (lower) back/(upper) buttocks green discoloration."</p> <p>The facility's Unknown Injury/Incident Investigation Questionnaire indicated "...Were there any behavioral issues involving this resident recently? Yes Explain: [Client B] presented self-injurious behavior at least two times on the morning of the discovery of these injuries. She presented the behavior in</p>				

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON	STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342
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	<p>her classroom and again in the dining room...." The investigation indicated "... [Client B] presents self-injurious behavior of hitting herself, banging body parts on walls, and throwing herself to the floor...." The investigation indicated no other interviewable clients were in the area at the time of client B's behavioral incidents. The 10/7/13 investigation indicated "...[Client B] has had several incidents over the past three months that have resulted in superficial discolorations. Other Investigative information: Investigation into this incident revealed that [client B] had at least two episodes of self-injurious behavior on the day the injuries were noted. She also had presented self-injurious behavior the day before. Nursing assessment did not indicate any injury. The discolorations noted at this time are consistent in color and location with that incident...." The facility's investigation indicated client B had hit herself in arms, chest and face areas. The investigation also indicated client B threw herself on the door frame of the kitchen door and also "...bumped into the push bar of the outside door with her back. She hit the both her front side and her backside against the kitchen doorframe (sic)...." The facility's undated Investigation Summary sheet indicated "...A skin flow sheet was</p>			
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	<p>initiated and will continue until the areas are healed. [Client B] has a behavior intervention plan to address self-injurious behavior and is seen by psychiatric services on a regular basis. She also takes medication to assist her in controlling her behavior. Her behavior intervention plan will be revised to offer her a choice of tea or pop as her reinforcer in an effort to increase the effectiveness of her behavior intervention plan. Will continue efforts to keep [client B] safe...."</p> <p>-10/12/13 Client B had "multiple discolorations to body." The 10/12/13 IAR indicated client B had the following injuries/dyscolorations: "(1) (L) shoulder purple discoloration 3cm x 2cm (2) (L) (upper) arm 2.5cm x 1.5cm purple discoloration (3) (R) buttocks 2.5cm x 1.5cm brown discoloration (4) Middle (L) arm 1cm x 1cm brown discoloration (5) (L) elbow brown discoloration 1cm x 1cm (with) 0.5 cm abrasion below (6) (L) forearm purple discoloration 8.5cm x 2cm (7) (L) outer thigh 12cm x 3cm purple discoloration (8) Above (L) knee 8cm x 1cm purple discoloration</p>						

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	<p>(9) Below (L) knee 3cm x 4cm purple discoloration."</p> <p>The facility's 10/14/13 Witnessed Injury/Incident Investigation Questionnaire indicated "...[Staff #5] (staff) witnessed the incident. [Client B] was upset because she wanted to go to the conference room with another resident and his family. Staff intervened but [client B] had already hit herself several times on the iron railing on the sidewalk before staff could stop her...."</p> <p>The IAR indicated facility staff implemented the client's BIP and redirected the client to a choice of activities. The facility's investigation indicated "...[Client B] presents self-injurious behavior (sic) regularly...."</p> <p>The 10/14/13 investigation indicated "...IDT review of Behavior Intervention plan (sic) to assure appropriateness and effectiveness of interventions...Continue efforts to keep [client B] safe...."</p> <p>The facility's 10/12/13 Staff Response: Injury Investigation indicated "When resident was outside she through (sic) herself on the rails on the ground hitting staff and biting (sic) herself. She hit her arm, hip, thigh, knee through (sic) on butt...."</p> <p>The facility's undated typed note</p>						

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	<p>indicated "...She became very agitated and began hitting herself on the decorative iron hand railing on the ramp outside the facility door. She sustained several discolorations as a result: 8.5cm by 2cm discoloration to left forearm, 12 cm by 3 cm to left outer thigh, and 8cm by 1cm above left knee. These were all areas, according to staff who witnessed the incident, that were hit against the railing. Staff hurried to intervene but she had already hit herself quickly several times. Staff were able to intervene to prevent more serious injury...." The facility's investigation indicated there were no environmental issues involved in the injury. The facility's investigation did not include any additional interviews and/or explain client B's injuries (brown discolorations) on the client's middle arm, buttock and/or elbow. The facility's investigation and/or undated note failed to specifically indicate what facility staff did to prevent client B from injuring herself.</p> <p>Client B's record was reviewed on 11/19/13 at 3:30 PM. Client B's Nurses Notes indicated the following:</p> <p>-10/23/13 (11:45 AM) "Resident physically aggressive, exhibiting self injurious behavior et (and) running out</p>				

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	<p>facility door. Gait awkward. Combative...Resident a danger to herself et others...New orders received am to send resident to emergency room for evaluation (psych.)..."</p> <p>-10/23/13 (9:00 PM) Client B returned to facility with orders to set up a psychiatric evaluation with a mental health agency.</p> <p>-11/4/13 Client B's doctor was called in regard to the client's behaviors. Client B's medications were changed.</p> <p>-11/15/13 (6:15 AM) "Resident upset exhibiting SIB (self injurious behavior) (hit head on floor et pulling out own hair). Physically aggressive. Refused vital sign assessments. Neurological assessments initiated. Slight swelling (with) redness to (R) side of face. Ice pack applied et Tylenol (pain) given."</p> <p>-11/15/13 (6:16 AM) "Close monitoring in place (with) patient."</p> <p>-11/15/13 (1:30 PM) "N.O. to send to ER for Tx (treatment) et eval (evaluation) (with) SIB or injurious behaviors to others."</p> <p>Client B's 10/23/13 ED (emergency department) Progress Note indicated</p>						

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	<p>client B was taken to the ER on 10/23/13 for a psychiatric evaluation due to increased aggression and SIB. The progress note indicated client B was evaluated/assessed and the mental health facility recommended the client be discharged back to the facility with outpatient psychiatric follow-up. The progress note indicated the client was given educational materials in regard to Conduct Disorder and Depression.</p> <p>Client B's Medication Treatment Plan/Progress Notes indicated the following:</p> <p>-9/21/13 Client B demonstrated "more SIB 0 (zero) injury."</p> <p>-10/19/13 Client B "Still SIB...slight improvement. Still difficult to manage but no serious injuries...."</p> <p>-11/16/13 Client B was demonstrating increased behaviors of physical aggression and SIB of banging her head. The progress note indicated "...Behaviors unmanageable...." The 11/16/13 progress note indicated client B's medication was changed.</p> <p>Client B's 11/5/13 physician's orders indicated client B's diagnoses included, but were not limited to, Profound</p>				

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON			STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342		
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	<p>Intellectual Disability, Depression and Impulse Control Disorder.</p> <p>Client B's 11/14/13 BIP indicated client B demonstrated SIB defined as "...hitting self in the head; beating head on the floor or wall, biting her hands, scratching self, picking skin, and throwing self to ground, hitting arms and legs on floor. These behaviors usually occur with extreme force." Client B's BIP indicated if client B demonstrated SIB, facility staff were to ask the client what was wrong, try to meet her need and redirect the client to an activity of her choosing. The BIP indicated "...3. If [client B] is still upset and her SIB escalates, staff should encourage her to walk away from other residents and other stimuli, make additional efforts to find out what is wrong, remedy if possible. 4. During this time offer her several different activities until she engages in one...5. If SIB is unrelenting, the interdisciplinary team has determined that the Emergency Intervention Plan can be used to prevent [client B] from injury. These steps must be used according to facility policy and in the following order: Bear hug Basket hold Half-take down...."</p>				

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	<p>Client B's 8/15/13 ISP and/or 11/14/13 BIP did not indicate client B's IDT met to discuss/review how client B should be monitored/supervised to prevent injuries due to the client's SIB.</p> <p>Interview with administrative staff #1 and QIDP #1 on 11/19/13 at 4:26 PM indicated client B received the above mentioned injuries from the client's SIB of throwing herself to the floor/ground and against rails. Facility staff intervened when client B became upset and started to demonstrate SIB. Administrative staff #1 stated "Staff did not stand there. They redirected her. She is quick." Administrative staff #1 and QIDP #1 indicated facility staff were trained in regard to using physical intervention techniques (bear hugs, basket holds and half take downs). QIDP #1 stated client B's behavior had improved as the client was still demonstrating SIB but was not receiving "serious injuries." QIDP #1 stated client B had "very severe SIB" as client B used to "bust open her head. Very difficult to handle." QIDP #1 indicated client B's IDT had met and reviewed the client's BIP. QIDP #1 indicated client B's medication had been changed, and client B was receiving mental health services. QIDP #1 and administrative staff #1 indicated clien</p>				

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on interview and record review for 1 of 20 allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to ensure state officials were informed of an allegation of possible neglect in regard to a PICA (eating inedible objects) incident for client D.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, Incident/Accident Reports (IAR) and/or investigations were reviewed on 11/19/13 at 10:08 AM. The facility's 10/30/13 IAR indicated "Res (resident) (client D) coughing up phlegm (lg amt) (large amount). CNA (certified nurse aide) reported some particles noted in phlegm. Found deodorant on the floor (with) teeth marks & a chunk missing. Safety person heard res coughing & checked on res...."</p> <p>A 10/31/13 typed note indicated "...Staff reported that [client D] had bitten off a chunk of deodorant from her</p>	W000153	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE</p> <p>RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>Client D showed no effects from biting off a piece of the deodorant except to spit it up. Client D is</p> <p>doing well at this time. This happened in the bedroom. Client D remains in her classroom</p>	12/27/2013			

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	<p>container...[Client D] had some pieces in her mouth and was spitting it out. She coughed and some more of the deodorant was expelled from her mouth. Poison Control was contacted and the nurse was informed that the deodorant was not dangerous and would cause no adverse side effects..." The 10/31/13 note indicated client D's "...deodorant will be placed in her shower box in a different area of her room to discourage her from reaching into it during the night. [Client D] has a behavior intervention plan to address putting items that are not edible in her mouth and also for PICA (eating inedible objects). Her classroom is especially designated as a room that is safe for people who have these behaviors..."</p> <p>Client D's record was reviewed on 11/19/13 at 2:58 PM. Client D's 9/27/13 Behavior Intervention Plan (BIP) indicated client D had a history of PICA. Client D's BIP indicated client D would consume clothing, activities, blankets, sheets and plastic.</p> <p>Interview with administrative staff #1 on 11/19/13 at 12:15 PM indicated the facility did not report the allegation of possible neglect to state officials. Administrative staff #1 indicated client D did not ingest the deodorant.</p>		<p>designed as a room for people who have a PICA diagnosis during the day. The deodorant and any other personal item that could be harmful is currently being kept in a box in her closet to prevent Client D from being able to access them.</p> <p>HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>Any client with a diagnosis of PICA could be affected. All clients will that diagnosis will have</p> <p>their personal items put in a location that will not be accessible for them to reach. Also, any time a client with PICA obtains one of these items, an investigation regarding neglect will be</p>		

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON			STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342		
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	Administrative staff #1 stated "I did not see as neglect." 3.1-28(c)		conducted. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICES DOES NOT RECUR: An audit tool has been developed to assist staff in checking the rooms of all clients with a diagnosis of PICA to assure their personal items are not accessible to them. This audit will be conducted every shift. The audit will include where the items should be kept and a search of all bedside tables, etc. to assure no items are inadvertently left in an inappropriate place for that client. If an item is left unattended, an investigation will be conducted to determine who left it there. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE		

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W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on interview and record review for 4 of 20 allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to conduct investigations and/or to conduct	W000154	DEFICIENT PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: The QIDP's will be responsible for gathering the data collected daily from the above mentioned audit. They will bring the results of that data to the quarterly QA committee meeting for discussion. This audit will be ongoing as long as there are clients with a diagnosis of PICA to assure no further issues arise.	12/27/2013	

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON	STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342
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	<p>thorough investigations in regard to injuries of unknown source, neglect and/or abuse for clients A, B and D.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, facility incident reports and/or investigations were reviewed on 11/19/13 at 10:08 AM. The facility's 10/25/13 reportable incident report indicated "On 10-25-13 at 4:30 PM resident (client A) was being ambulated with staff member, safety equipment in place when she began having a behavior. Resident lost her balance and fell to the left side. Resident vital signs were obtained and assessed for injury then assisted to a chair. Resident guarding left lower extremities and stated it hurt. [Name of doctor] notified and x-ray orders were obtained...X-ray results showed a Bimalleolar fracture to the left ankle. [Name of doctor] notified and orders given to send resident to local Orthopedic clinic for evaluation in the AM. On 10-26-13 at 7:30 AM it was noted that Orthopedic clinic was closed so resident was sent to [name of hospital] ER (emergency room) for evaluation...."</p> <p>The facility's 11/7/13 Investigation Summary indicated "...[Client A]</p>		<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE RESIDENTS FOUND TO HAVE BEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>1. Client A was not wearing the AFO on the morning of the fall. Client A is currently in a geri chair with her legs elevated. Client A states she is comfortable. The investigation did not specifically state whether Client A had the AFO on or not. All incidents will now include in the investigation whether any adaptive equipment was required and whether the client had it on at the time of the incident.2. Client B's BIP has been updated to include details on exactly what to do in the event she exhibits severe SIB behaviors inan effort to prevent further injury to herself. All employees have been in-serviced regarding this plan and there are consistent staff with her at all times during the day. Client B's classroom has been changed with interventions close by to assure we are</p>	

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON				STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342			
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	<p>attempted to hit staff and fell on her left side while walking. Nursing assessment found left hip red. No further injury noted at that time. [Client A] will stand on right leg but will not bear weight on left leg. [Client A] had complaint of pain to her left leg, non-specific...." The investigation indicated client A's behavior and fall were witnessed. The facility's investigation indicated an "...ATF (Active Treatment Facilitator) (staff #4) was walking [client A] from her classroom to the dining room, holding on to her gait belt. During the walk [client A] passed [staff #3] and she attempted to hit/swat at her. According to [staff #4], [client A] lost her balance and she was unable to hold her steady. [Client A] fell on left side to the ground. [Staff #4] states nursing responded immediately...." The facility's 11/7/13 investigation indicated client A complained of pain in her leg and the client's doctor ordered an X-ray where the client was sent out to a local hospital for treatment. The investigation indicated client A had a fall risk plan in place and had a behavior plan for physical aggression. The 11/7/13 investigation did not indicate if any other adaptive equipment was worn and/or utilized with the client at the time of the incident. The facility's 11/7/13 investigation also did not include</p>		<p>keeping Client B safe from harming self.3. Client D showed no effects from biting off a piece of the deodorant except to spit it up. Client D is doing well at this time. This happened in Client D's bedroom. Client D remains in the classroom designed as a room for people who have a PICA diagnosis during the day. The deodorant and any other personal item that could be harmful is currently being kept in a box in her closet to prevent her from being able to access them.</p> <p>HOW YOU WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>1. All clients with adaptive equipment could be affected. The adaptive equipment has been updated and is currently on the TAR for nursing to check on daily to assure that the client is wearing it properly.2. Any client with severe SIB behavior could be affected. The physical intervention plan has been</p>				

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON				STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342			
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	<p>interviews with other clients who may have been in the dining room at the time of the incident.</p> <p>Client A's record was reviewed on 11/19/13 at 2:16 PM. Client A's 11/5/13 Individualized Support Plan (ISP) indicated client A had the following adaptive equipment (not all inclusive):</p> <p>-Left leg brace to improve mobility. The ISP indicated client A was to wear the brace when she was out of bed.</p> <p>-Wheelchair for safety due to being a fall risk. The ISP indicated the wheelchair was to be used as needed for transportation.</p> <p>-Merry Walker for safety due to being a fall risk. The ISP indicated client A was to use the Merry Walker to self transport in buildings as needed.</p> <p>-AFO left splint was to be worn worn when the client was walking. The ISP indicated client A was to put the AFO on when she dressed for the day.</p> <p>Interview with client A on 11/18/13 at 4:40 PM indicated she did not know how she hurt her leg. Client A shrugged her shoulders when asked.</p>		<p>updated to include additional efforts to keep clients who exhibit severe SIB from injury.3. All clients with PICA could be affected. An audit tool has been developed to assist staff in checking the rooms of all clients with a diagnosis of PICA to assure their personal items are not accessible to them. This audit will be conducted every shift. The audit will include where the items should be kept and a search of all bedside tables, etc. to assure no items are inadvertently left in an inappropriate place for that client.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE S DOES NOT RECUR:</p> <p>1. The adaptive equipment is now listed on the TAR so that nursing can check daily to assure the client is wearing the adaptive equipment properly. If they refuse, it will be documented daily on the TAR and all efforts will be used to convince them to wear</p>				

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON	STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342
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	<p>Interview with staff #2 on 11/18/13 at 4:43 PM stated client A fell while trying to "swat at staff."</p> <p>Interview with administrative staff #1, the Director of Nursing (DON) and Qualified Intellectual Disabilities Professional (QIDP) #1 on 11/19/13 at 4:26 PM indicated client A fractured her leg from a fall while having a behavior. Administrative staff #1 and QIDP #1 indicated facility staff had a hold of client A's gait belt when the client lost her balance and fell. QIDP #1 stated client A was "swatting at staff." QIDP #1 indicated client A's behavior was part of the client's behavior plan. When asked if client A had her AFO splint on at the time of the fall, administrative staff #1 and QIDP #1 did not know if the client had her left AFO on. Administrative staff #1 indicated the facility's investigation did not indicate if client A had any adaptive equipment on other than the gait belt.</p> <p>2. The facility's reportable incident reports, Incident/Accident Reports (IAR) and/or investigations were reviewed on 11/19/13 at 10:08 AM. The facility's reportable incident reports, IARs and/or investigations indicated the following:</p> <p>-10/7/13 Client B had "Redness of</p>		<p>the equipment.2. All staff were re-educated on how to deal with severe SIB behavior using the updated policy and procedure which identifies the exact steps to be taken if the physical intervention plan is used. 3. An audit tool will be used to assure no client with a PICA diagnosis has personal items that could be harmful in an area they could possibly reach.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:</p> <p>1. The DON or her designee will monitor the TAR to assure it is being properly filled out. The information from this monitoring tool will be discussed during the quarterly QA committee meeting with the medical director. This will be ongoing2. Any and all injuries of unknown origin will be discussed daily during the IDT meeting and all injuries will be investigated thoroughly. The QIDP's will report on the results of any SIB behavior and how the interventions are working during</p>	

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON				STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342			
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	<p>scratches on chest and bruise on the back on the left side. 1) 3 scratches to chest-refused measurement 2) 1 cm x 1 cm (R) (right) (upper) back green discoloration 3) 3 cm x 1.5cm middle back green discoloration 4) (L) (lower) back 1 cm x 0.5 cm green discoloration 5) 2 cm x 2 cm (R) (lower) back/(upper) buttocks green discoloration."</p> <p>The facility's Unknown Injury/Incident Investigation Questionnaire indicated "...Were there any behavioral issues involving this resident recently? Yes Explain: [Client B] presented self-injurious behavior at least two times on the morning of the discovery of these injuries. She presented the behavior in her classroom and again in the dining room...." The investigation indicated "... [Client B] presents self-injurious behavior of hitting herself, banging body parts on walls, and throwing herself to the floor...." The investigation indicated no other interviewable clients were in the area at the time of client B's behavioral incidents. The 10/7/13 investigation indicated "...[Client B] has had several incidents over the past three months that have resulted in superficial discolorations. Other Investigative information: Investigation into this</p>		<p>the quarterly QA committee meeting with the medical director.3. The results of the audit tool used for clients with a diagnosis of PICA will be discussed during the quarterly QA committee meeting with the medical director.</p>				

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	<p>incident revealed that [client B] had at least two episodes of self-injurious behavior on the day the injuries were noted. She also had presented self-injurious behavior the day before. Nursing assessment did not indicate any injury. The discolorations noted at this time are consistent in color and location with that incident...." The facility's investigation indicated client B had hit herself in arms, chest and face areas. The investigation also indicated client B threw herself on the door frame of the kitchen door and also "...bumped into the push bar of the outside door with her back. She hit the both her front side and her backside against the kitchen doorframe (sic)...." The facility's investigation did not specifically indicate what facility staff were doing and/or what intervention strategies/techniques staff implemented to ensure client B did not injure herself.</p> <p>-10/12/13 Client B had "multiple discolorations to body." The 10/12/13 IAR indicated client B had the following injuries/dyscolorations: "(1) (L) shoulder purple discoloration 3cm x 2cm (2) (L) (upper) arm 2.5cm x 1.5cm purple discoloration (3) (R) buttocks 2.5cm x 1.5cm brown discoloration</p>						

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON	STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342
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	<p>(4) Middle (L) arm 1cm x 1cm brown discoloration</p> <p>(5) (L) elbow brown discoloration 1cm x 1cm (with) 0.5 cm abrasion below</p> <p>(6) (L) forearm purple discoloration 8.5cm x 2cm</p> <p>(7) (L) outer thigh 12cm x 3cm purple discoloration</p> <p>(8) Above (L) knee 8cm x 1cm purple discoloration</p> <p>(9) Below (L) knee 3cm x 4cm purple discoloration."</p> <p>The facility's 10/14/13 Witnessed Injury/Incident Investigation Questionnaire indicated "...[Staff #5] (staff) witnessed the incident. [Client B] was upset because she wanted to go to the conference room with another resident and his family. Staff intervened but [client B] had already hit herself several times on the iron railing on the sidewalk before staff could stop her...." The IAR indicated facility staff implemented the client's BIP and redirected the client to a choice of activities. The facility's investigation indicated "...[Client B] presents self-injurious bheavior (sic) regularly...." The 10/14/13 investigation indicated "...IDT review of Behavior Intervention plan (sic) to assure appropriateness and effectiveness of interventions...Continue efforts to keep [client B] safe...."</p>			

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON				STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342			
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	<p>The facility's 10/12/13 Staff Response: Injury Investigation indicated "When resident was outside she through (sic) herself on the rails on the ground hitting staff and biting (sic) herself. She hit her arm, hip, thigh, knee through (sic) on butt..."</p> <p>The facility's undated typed note indicated "...She became very agitated and began hitting herself on the decorative iron hand railing on the ramp outside the facility door. She sustained several discolorations as a result: 8.5cm by 2cm discoloration to left forearm, 12 cm by 3 cm to left outer thigh, and 8cm by 1cm above left knee. These were all areas, according to staff who witnessed the incident, that were hit against the railing. Staff hurried to intervene but she had already hit herself quickly several times. Staff were able to intervene to prevent more serious injury...." The facility's investigation indicated there were no environmental issues involved in the injury. The facility's investigation did not include any additional interviews and/or explain client B's injuries (brown discolorations) on the client's middle arm, buttock and/or elbow. The facility's investigation and/or undated note failed to specifically indicate what facility staff</p>						

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	<p>did to prevent client B from injuring herself.</p> <p>Client B's record was reviewed on 11/19/13 at 3:30 PM. Client B's 11/14/13 BIP indicated client B demonstrated SIB defined as "...hitting self in the head; beating head on the floor or wall, biting her hands, scratching self, picking skin, and throwing self to ground, hitting arms and legs on floor. These behaviors usually occur with extreme force." Client B's BIP indicated if client B demonstrated SIB, facility staff were to ask the client what was wrong, try to meet her need and redirect the client to an activity of her choosing. The BIP indicated "...3. If [client B] is still upset and her SIB escalates, staff should encourage her to walk away from other residents and other stimuli, make additional efforts to find out what is wrong, remedy if possible. 4. During this time offer her several different activities until she engages in one...5. If SIB is unrelenting, the interdisciplinary team has determined that the Emergency Intervention Plan can be used to prevent [client B] from injury. These steps must be used according to facility policy and in the following order: Bear hug Basket hold</p>			

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	<p>Half-take down...."</p> <p>Interview with administrative staff #1 and QIDP #1 on 11/19/13 at 4:26 PM indicated client B received the above mentioned injuries from the client's SIB of throwing herself to the floor/ground and against rails. Facility staff intervened when client B became upset and started to demonstrate SIB. Administrative staff #1 stated "Staff did not stand there. They redirected her. She is quick." Administrative staff #1 and QIDP #1 indicated facility staff were trained in regard to using physical intervention techniques (bear hugs, basket holds and half take downs). When asked if there were any additional interviews and/or witness statements for the 10/12/13 incident, administrative staff #1 indicated she would check. Administrative staff #1 and/or QIDP #1 did not provide any additional documentation regarding the 10/12/13 incident. Administrative staff #1 indicated the facility's investigation of the 10/7/13 and 10/12/13 incidents did not indicate what behavioral strategies and/or techniques staff utilized when client B was throwing herself against objects.</p> <p>3. The facility's reportable incident reports, Incident/Accident Reports (IAR)</p>				

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	<p>and/or investigations were reviewed on 11/19/13 at 10:08 AM. The facility's 10/30/13 IAR indicated "Res (resident) (client D) coughing up phlegm (lg amt) (large amount). CNA (certified nurse aide) reported some particles noted in phlegm. Found deodorant on the floor (with) teeth marks & a chunk missing. Safety person heard res coughing & checked on res...."</p> <p>A 10/31/13 typed note indicated "...Staff reported that [client D] had bitten off a chunk of deodorant from her container...[Client D] had some pieces in her mouth and was spitting it out. She coughed and some more of the deodorant was expelled from her mouth. Poison Control was contacted and the nurse was informed that the deodorant was not dangerous and would cause no adverse side effects...." The 10/31/13 note indicated client D's "...deodorant will be placed in her shower box in a different area of her room to discourage her from reaching into it during the night. [Client D] has a behavior intervention plan to address putting items that are not edible in her mouth and also for PICA (eating inedible objects). Her classroom is especially designated as a room that is safe for people who have these behaviors...." The facility's typed notes and/or IAR did</p>						

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	<p>not indicate the facility conducted an investigation in regard to neglect to determine how client D was able to get a hold of her deodorant to ingest.</p> <p>Client D's record was reviewed on 11/19/13 at 2:58 PM. Client D's 9/27/13 Behavior Intervention Plan (BIP) indicated client D had a history of PICA. Client D's BIP indicated client D would consume clothing, activities, blankets, sheets and plastic.</p> <p>Interview with administrative staff #1 on 11/19/13 at 12:15 PM indicated the facility did not conduct a thorough investigation. Administrative staff #1 indicated she did not see the 9/27/13 incident as possible neglect.</p> <p>This federal tag relates to complaint #IN00138987.</p> <p>3.1-28(d)</p>						

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W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, interview and record review for 1 of 3 sampled clients (A), the client's interdisciplinary team</p>	W000210		12/27/2013

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	<p>(IDT) failed to obtain accurate assessments in regard to a client's need for adaptive equipment in regard to the client's ankle fractures.</p> <p>Findings include:</p> <p>During the 11/18/13 observation period between 4:00 PM and 6:50 PM, at the facility, client A was in a regular wheelchair with a Hoyer lift swing sitting underneath the client. Client A had a hard cast on her left foot/leg. The wheelchair had a padded foot rest with one half of the foot rest hanging down (broken). Client A's left foot was on the other half of the padded foot rest elevated on a pillow. During the above mentioned observation period, the wheelchair had a gap between the bottom/seat of the chair and the start of the elevated foot rest. Client A's left leg, which was elevated on half of the foot rest, had no support from client A's upper thigh area to below the client's left knee. During the 11/18/13 observation period, client A attempted to lift her bottom up off the wheelchair and/or attempted to shift herself in the wheelchair. Client A would lean over to the side of the wheelchair and/or her bottom slid to the end of the wheelchair seat where the gap was located between the seat and the padded foot rest. At</p>		<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE</p> <p>RESIDENTS FOUND TO HAVE BEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>Client A is currently in a geri chair with her legs elevated. There is support under both legs and Client A states it is much more comfortable in the geri chair. Client A's risk plan now includes details on the fall with the fracture as well as how to care for the fracture by staff. It includes details on how to transfer safely as well as how to bathe Client A. There is also a risk plan on her diagnosis of</p> <p>Osteopenia/Osteoporosis. The cast has been removed and there is currently an air boot for</p>				

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	<p>4:35 PM, client A asked staff #1 to wheel her over to the surveyor. Client A stated "My leg hurts." At that time, client A was taken to a nurse. At 5:00 PM, client A continued to complain of her leg hurting. Staff #6 stated "They just gave her some medicine." Client A asked staff if she could go to her room to lay down. Client A was taken back to her bedroom with 2 staff going into the room. At 5:14 PM, client A was brought back to the classroom. Staff #2 stated "She was repositioned" and client A was given something to drink. At 5:21 PM, client A was attempting to reposition herself as her shirt was up in the back. Client A was not able to pull the shirt down and pushed her back against the wheelchair to try and shift herself. Client A was leaning to the right side of the wheelchair. Client A's wheelchair did not support her upper body. Client A had a frown on her face. While in the dining room on 11/18/13, client A was leaning to the left as she waited on her food. At 6:35 PM, staff #2 assisted client A to sit up straight and folded a pillow and placed it in the back of client A's wheelchair so client A could eat. Client A could not reach her food. The pillow was moved to the side of client A's back at that time.</p> <p>The facility's reportable incident reports,</p>		<p>comfort. Client A was assessed by physical therapy on 12-18 and we will follow the plan they made for this client.</p> <p>HOW YOU WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>All clients could be affected. Therapy is now coming to evaluate clients on a quarterly basis and with any major changes to assure that all needs are met regarding ambulation and seating.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC</p> <p>CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT</p>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>facility incident reports and/or investigations were reviewed on 11/19/13 at 10:08 AM. The facility's 10/25/13 reportable incident report indicated "On 10-25-13 at 4:30 PM resident (client A) was being ambulated with staff member, safety equipment in place when she began having a behavior. Resident lost her balance and fell to the left side. Resident vital signs were obtained and assessed for injury then assisted to a chair. Resident guarding left lower extremities and stated it hurt. [Name of doctor] notified and x-ray orders were obtained...X-ray results showed a Bimalleolar fracture to the left ankle. [Name of doctor] notified and orders given to send resident to local Orthopedic clinic for evaluation in the AM. On 10-26-13 at 7:30 AM it was noted that Orthopedic clinic was closed so resident was sent to [name of hospital] ER (emergency room) for evaluation...."</p> <p>The facility's 10/29/13 follow up report indicated "[Client A] sustained a fracture to her left ankle during a behavioral incident on 10-25-13. She was walking with assistance of a staff member and with safety devices (gait belt and leg brace) in place. When [client A] presented a behavior and reached out away from the staff who</p>		<p>PRACTICE S DOES NOT RECUR:</p> <p>All clients will be screened quarterly by therapy and follow up will be given by the appropriate discipline after the therapy screens are obtained. All risk plans will be updated for every client who has a change of condition.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCED PROGRAM WILL BE PUT INTO PLACE:</p> <p>The DON and/or her designee will work with the therapy department to assure timely assessments are being done. The DON and/or her designee will also monitor the risk plans daily and compare them to the 24 hour report to assure that all assessments are completed thoroughly and timely if there has been a change of condition. The results of this monitoring will be discussed during the quarterly QA committee meeting with the Medical Director. It will be</p>		

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	<p>was assisting her to walk, she lost her balance and the staff member who was assisting her could not keep her from falling. The immediate interventions are to provide a Geri-chair for [client A's] mobilization and to move her to a program area in the main building where she is more easily monitored. In this way, it can be assured that she does not attempt to get up from the chair. Two people will be assigned to assist with transfer to assure [client A's] safety as well. Beginning when [client A] is able to ambulate, two staff will accompany [client A] when she walks and both staff will have their hands on the gait belt that will be around [client A] (one on either side of her). In this way, should another behavioral incident occur, two staff will be available to keep her safe. A PT (physical therapy) evaluation has also been requested...."</p> <p>Client A's record was reviewed on 11/19/13 at 2:16 PM. Client A's 11/11/13 Orthopedic note indicated "...Diagnosis: 1. Trimalleolar fracture, closed (824.6) X-ray shows that alignment of the fracture. I did review the case with [name of doctor], our foot and ankle surgeon, who agreed with nonoperative treatment in this patient. Continue with present cast. She is to be nonweightbearing (sic) and will</p>		ongoing.		

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	<p>continue to need assistance with transfers. No new medication at this time, Follow-up in two weeks. "Three views of the ankle in the cast at that time. She will likely be in a cast for 6 to 8 weeks...She is experiencing tenderness...." The 11/11/13 Orthopedic note indicated Three views of the ankle in cast show an oblique fracture of the distal fibula with nondisplaced fracture of the medial malleolus and fracture of the posterior malleolus. The talus (ankle bone) is centered under the tibia."</p> <p>Client A's 11/5/13 Individualized Support Plan (ISP) indicated client A had the following adaptive equipment (not all inclusive):</p> <ul style="list-style-type: none"> -Left leg brace to improve mobility. The ISP indicated client A was to wear the brace when she was out of bed. -Wheelchair for safety due to being a fall risk. The ISP indicated the wheelchair was to be used as needed for transportation. -Merry Walker for safety due to being a fall risk. The ISP indicated client A was to use the Merry Walker to self transport in buildings as needed. -AFO left splint was to be worn when 						

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	<p>the client was walking. The ISP indicated client A was to put the AFO on when she dressed for the day.</p> <p>Client A's 10/25/13 Episodic Care Plan Falls indicated client A was a fall risk. The episodic care plan indicated client A participated in a "falling leaf program (fall assessment)." The risk plan indicated client A fell when she attempted to hit staff. The plan also indicated client A utilized a wheelchair, walker, gait belt and required a 2 staff assist for ambulation and transfers.</p> <p>Client A's 11/9/13 PT evaluations/assessment indicated client A had a left ankle fracture. The PT note indicated client A was "...referred to PT following increasing need for strength training and mobility after (L) ankle trimalleolar fracture...Pt ambulated and transferred with staff assist/supervision...gait Unable to ambulate @ this time. Pt will benefit from supine and sitting exercises as prescribed to nurse and aides to follow up with patient on (sic)." Client A's interdisciplinary team failed to obtain an assessment in regard to the needed adaptive equipment for client A's ankle fractures regarding mobility and transfers to ensure the client's safety.</p>			

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	<p>Interview with LPN #2 on 11/19/13 at 1:25 PM indicated client A's wheelchair was not comfortable for client A. LPN #2 indicated client A would complain of leg pain. LPN #2 indicated client A's wheelchair leg rest was broken. LPN #2 indicated client was placed in a new wheelchair/Geri Chair as of 11/19/13. LPN #2 stated the new wheelchair/geri chair "looks more comfortable." LPN #2 indicated 2 staff used the Hoyer lift to assist client A to transfer. LPN #2 indicated client A was not to bear any weight on her left foot.</p> <p>Interview with LPN #1 on 11/19/13 at 1:33 PM indicated client A was getting ready to eat and the client was assisted by staff to transfer with a gait belt. LPN #1 stated client A stood and leaned over to "swat" a staff person and the staff who had a hold of the gait belt was not able to hold onto the client when she lost her balance and fell. LPN #1 stated "Staff not able to hold her up. She (client A) landed on her left side." LPN #1 indicated facility staff was not able to prevent client A from falling due to client A's size. When asked what type of gait belt was on the client that day, LPN #1 stated a "regular gait belt." LPN #1 indicated PT had been in to see the client since client A fractured her ankle. LPN #1 indicated client A would have 2</p>				

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W000268	<p>staff assist the client to ambulate with a gait belt once the client's ankle healed. LPN #1 stated client A was being transferred with "a Hoyer lift only" as client A was non weight bearing. When asked if client A's wheelchair had been evaluated by the PT, LPN #1 stated "No." LPN #1 indicated she thought the PT had made some recommendations.</p> <p>This federal tag relates to complaint #IN00138987.</p> <p>3.1-31(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation, interview and record review for 1 of 6 sampled clients (C) and for 6 additional clients (G, H, J, K, M, and O), the facility failed to ensure the clients' dignity in regard to toileting as the clients were not encouraged to toilet and/or changed every 2 hours.</p> <p>Findings include:</p> <p>During the 11/18/13 observation period between 4:00 PM and 6:50 PM, in the retirement classroom, there was a urine</p>	W000268	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE RESIDENTS FOUND TO HAVE BEN AFFECTED BY THE DEFICIENT PRACTICE:Clients</p>	12/27/2013

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	<p>smell throughout the room. During the 11/18/13 observation period, clients C, G, H, J, K, M and O sat in the classroom in wheelchairs and/or classroom chairs and were not toileted/changed during the above observation period. At 4:25 PM, an unidentified staff person walked into the classroom and stated "[Client H] has been sitting there all day, you need to be changed." Staff #6, who was in the classroom, shushed the unidentified staff person and asked client H if he had to go to the bathroom. Client H stated "No." Client H was not toileted and/or changed. Although different staff came to the room, clients C, G, H, J, K, M and O did not leave the classroom to be toileted/changed. The clients remained in the classroom until they left to go to the dining room at 6:02 PM. Clients G, H, J, K, M and O were not toileted/changed as of 6:50 PM on 11/18/13.</p> <p>The facility's Bedrest/Bladder Records were reviewed on 11/19/13 at 1:45 PM. The facility's Bedrest/Bladder Records indicated the following documentation (not all inclusive):</p> <p>-Client C was toileted/changed at 5:00 PM. The form indicated staff documented client C was "W" (wet).</p>		<p>C, G, H, J, K, M and O have a toileting plan to be toileted and/or checked based on their individual needs. They are being kept dry and/or changed when they are wet.</p> <p>HOW YOU WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: All clients who requiring assistance could be affected. All staff have been re-educated regarding the need to toilet and assist clients on a routine basis in an effort to keep them dry.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE S DOES NOT RECUR:</p> <p>All employees were re-educated on the need to toilet clients as</p>				

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	<p>-Client G was toileted at 6:00 PM. The form indicated client G was "W."</p> <p>-Client H was toileted at 2:00 PM and then again at 6:00 PM on 11/18/13. The 2 PM and 6 PM entries indicated staff initials and did not indicate if client H was wet or dry. Client H was not toileted every 2 hours.</p> <p>-Client J was toileted at 1:00 PM and 5:00 PM. The form indicated staff documented client J was "D" (dry) at 1:00 PM and "W" at 5:00 PM. Client J was not being toileted every/changed every 2 hours.</p> <p>-Client K was toileted at 6:00 PM. The form indicated client K was "W."</p> <p>-Client M was toileted at 5:00 PM and 6:00 PM. The form indicated staff documented client M was "W" at both times.</p> <p>-Client O was toileted at 6:00 PM. The form indicated "T" (client urinal or toilet).</p> <p>The above mentioned forms indicated clients C, G, H, J, K, M and O were to be toileted every 2 hours to ensure the clients' dignity and hygiene.</p>		<p>needed. A monitoring tool will be used by the DON and/or her designee 3 X's weekly to assure compliance.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE</p> <p>DEFICIENT PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCED PROGRAM WILL BE PUT INTO PLACE: The results of the monitoring tool will be brought to the quarterly QA committee for discussion. It will be ongoing.</p>	

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	<p>Interview with LPN #2 on 11/19/13 at 1:25 PM indicated clients C, G, H, J, K, M and O should be toileted/changed every 2 hours. LPN #2 indicated facility staff should document when a client was toileted and/or changed on the Bedrest/Bladder Forms. LPN #2 indicated she did not know how staff would be able to toilet clients at 6:00 PM and be in the dining room at 6:02 PM.</p> <p>Interview with administrative staff #1 and Qualified Intellectual Disabilities Professional (QIDP) #1 on 11/19/13 at 4:26 PM indicated clients should be toileted and/or changed every 2 hours. QIDP #1 indicated facility staff may have toileted the clients at other times and documented the wrong times on the Bedrest/Bladder forms.</p> <p>3.1-3(t)</p>				

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 2 of 3 sampled clients (A and C), the facility's nursing services failed to develop needed risk plans, to obtain assessments when needed and/or to document an assessment of a client's cough.</p> <p>Findings include:</p> <p>1. During the 11/18/13 observation period between 4:00 PM and 6:50 PM, at the facility, client A was in a regular wheelchair with a Hoyer lift swing sitting underneath the client. Client A had a hard cast on her left foot/leg. The wheelchair had a padded foot rest with one half of the foot rest hanging down (broken). Client A's left foot was on the other half of the padded foot rest elevated on a pillow. During the above mentioned observation period, the wheelchair had a gap between the bottom/seat of the chair and the start of the elevated foot rest. Client A's left leg, which was elevated on half of the foot rest, had no support from client A's</p>	W000331	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE RESIDENTS FOUND TO HAVE BEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>1. Client A is currently in a geri chair with her legs elevated. There is support under both legs for her and she is much more comfortable in the geri chair. Her risk plan now includes details on the fall with the fracture as well as how to care for the fracture by staff. It includes details on how to transfer her safely as well as how to bathe her. There is also a risk plan on her diagnosis of Osteopenia/Osteoporosis. The cast has been removed and there</p>	12/27/2013			

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	upper thigh area to below the client's left knee. During the 11/18/13 observation period, client A attempted to lift her bottom up off the wheelchair and/or attempted to shift herself in the wheelchair. Client A would lean over to the side of the wheelchair and/or her bottom slid to the end of the wheelchair seat where the gap was located between the seat and the padded foot rest. At 4:35 PM, client A asked staff #1 to wheel her over to the surveyor. Client A stated "My leg hurts." At that time, client A was taken to a nurse. At 5:00 PM, client A continued to complain of her leg hurting. Staff stated "They just gave her some medicine." Client A asked staff if she could go to her room to lay down. Client A was taken back to her bedroom with 2 staff going into the room. At 5:14 PM, client A was brought back to the classroom. Staff #2 stated "She was repositioned" and client A was given something to drink. At 5:21 PM, client A was attempting to reposition herself as her shirt was up in the back. Client A was not able to pull the shirt down and pushed her back against the wheelchair to try and shift herself. Client A was leaning to the right side of the wheelchair. Client A's wheelchair did not support her upper body. Client A had a frown on her face. While in the dining room on 11/18/13,		is currently an air boot for comfort. Client A was assessed by physical therapy on 12-18 and we will follow the plan they made for this client. 2. Client C has a few episodes of choking occasionally. However, most of these episodes are the result of excess saliva. The nurse who did not document on client C is no an employee of Hickory Creek at Gaston. This decision was unrelated to this incident, however, all nurses have been in-serviced on the need to document any changes in a clients record if choking occurs. The procedure for any change in a client is to immediately assess the client and care for that client. Then a note is to be put in their chart and on the 24 hour report to assure that the information is passed on to the next shifts.				

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	<p>client A was leaning to the left as she waited on her food. At 6:35 PM, staff #2 assisted client A to sit up straight and folded a pillow and placed it in the back of client A's wheelchair so client A could eat. Client A could not reach her food. The pillow was moved to the side of client A's back at that time.</p> <p>The facility's reportable incident reports, facility incident reports and/or investigations were reviewed on 11/19/13 at 10:08 AM. The facility's 10/25/13 reportable incident report indicated "On 10-25-13 at 4:30 PM resident (client A) was being ambulated with staff member, safety equipment in place when she began having a behavior. Resident lost her balance and fell to the left side. Resident vital signs were obtained and assessed for injury then assisted to a chair. Resident guarding left lower extremities and stated it hurt. [Name of doctor] notified and x-ray orders were obtained...X-ray results showed a Bimalleolar fracture to the left ankle. [Name of doctor] notified and orders given to send resident to local Orthopedic clinic for evaluation in the AM. On 10-26-13 at 7:30 AM it was noted that Orthopedic clinic was closed so resident was sent to [name of hospital] ER (emergency room) for evaluation...."</p>		<p>HOW YOU WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>1. Any client with behaviors and adaptive equipment could be affected. Therapy is now coming to evaluate clients on a quarterly basis and with any major changes to assure that all needs are met regarding ambulation and seating. All clients could be affected. 2. All nurses have been re-educated regarding the procedures for documenting any change of condition and how to do assessments.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC</p> <p>CHANGES YOU WILL MAKE TO</p>				

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	The facility's 10/29/13 follow up report indicated "[Client A] sustained a fracture to her left ankle during a behavioral incident on 10-25-13. She was walking with assistance of a staff member and with safety devices (gait belt and leg brace) in place. When [client A] presented a behavior and reached out away from the staff who was assisting her to walk, she lost her balance and the staff member who was assisting her could not keep her from falling. The immediate interventions are to provide a Geri-chair for [client A's] mobilization and to move her to a program area in the main building where she is more easily monitored. In this way, it can be assured that she does not attempt to get up from the chair. Two people will be assigned to assist with transfer to assure [client A's] safety as well. Beginning when [client A] is able to ambulate, two staff will accompany [client A] when she walks and both staff will have their hands on the gait belt that will be around [client A] (one on either side of her). In this way, should another behavioral incident occur, two staff will be available to keep her safe. A PT (physical therapy) evaluation has also been requested. [Client A] has a follow-up appointment with [initials of orthopedic clinic] on Nov. (November)		ENSURE THAT THE DEFICIENT PRACTICE S DOES NOT RECUR: 1. All clients will be seen by physical therapy on a quarterly basis to assure that, if needed, there is a plan to assist them. Clients will also be screened on a quarterly basis with regards to seating to assure comfort. 2. The DON or her designee will check the 24 hour report book daily to assure that information is being shared about individual clients. They will also assure that all assessments are being completed properly and timely. The DON or designee will review the 24 hour report, the focus charting, and incident reports and copies of physician telephone orders and will bring the results of her review to the morning interdisciplinary meeting for further discussion and recommendations related to resident condition changes that have been identified. The facility will be incorporating a clinical meeting immediately after the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G068		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/27/2013	
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	<p>11, 2013...."</p> <p>The facility's 11/7/13 Investigation Summary indicated "...[Client A] attempted to hit staff and fell on her left side while walking. Nursing assessment found left hip red. No further injury noted at that time. [Client A] will stand on right leg but will not bear weight on left leg. [Client A] had complaint of pain to her left leg, non-specific...." The investigation indicated client A's behavior and fall were witnessed. The facility's investigation indicated an "...ATF (Active Treatment Facilitator) (staff #4) was walking [client A] from her classroom to the dining room, holding on to her gait belt. During the walk [client A] passed [staff #3] and she attempted to hit/swat at her. According to [staff #4], [client A] lost her balance and she was unable to hold her steady. [Client A] fell on left side to the ground. [Staff #4] states nursing responded immediately...." The facility's 11/7/13 investigation indicated client A complained of pain in her leg and the client's doctor ordered an X-ray where the client was sent out to a local hospital for treatment.</p> <p>An attached 10/30/13 Progress Note indicated client A's behavior plan was updated to include "...[Client A] will be</p>		<p>usual interdisciplinary team meeting to focus on they clinical information that has been gathered - this will occur at least 5 days a week. Based on the review and discussion, the DON/designee will follow up to make sure that accurate assessments of the change in resident status have been performed and documented, as well as making sure that physician notification has occurred as necessary. Any changes in approach related to the change in resident's condition will be added to the 24 hour report for communication to oncoming shifts; in addition changes in interventions will be added to the CNA assignment sheets for their information and use. If the DON/designee finds that the resident has not been assessed or followed up as expected, she will make sure that the process is completed and the resident is cared for as quickly as possible. Once that is done, she will re-inservice the staff involved on the facility policy and will render progressive disciplinary action for continued noncompliance.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT</p>				

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	<p>assisted by two staff, using and holding the gait belt when [client A] is walking. This approach will allow [client A] to continue independence while being monitored on both sides in the event she has any more behaviors such as attempting to swat/hit at others. [Client A] is presently in a jeri (sic) chair and receiving programming in the retirement class at this time. [Client A] will be provided with her regular programming once she is feeling better and sitting in a wheelchair...."</p> <p>Client A's record was reviewed on 11/19/13 at 2:16 PM. Client A's Nurses Notes indicated the following (not all inclusive):</p> <p>-8/26/13 "Res (resident) was being assisted back to class where she tripped & (and) fell to her right side. Res. assessed. ROM (range of motion) as usual. superficial (sic) abrasion measuring 1 cm (centimeter) x (by) 1 cm area cleansed with soap/water, staff reports res did not hit head...abrasion on right knee. no (sic) other injuries."</p> <p>-10/25/13 "Resident attempted to hit staff and fell on (L) (left) side while walking. (L) hip red upon assessment. 0 (Zero) further injury noted. ROM within normal limits to knee. Will stand</p>		<p>PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:</p> <p>1. The results of the therapy evaluations will be discussed during the quarterly QA committee meetings with the medical director. This will be ongoing.2. The results of the checks on the 24 hour report book will be discussed during the quarterly QA committee meeting with the medical director. This will be ongoing.</p>		

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	<p>on (R) (right) leg but will not bear weight on (L) leg. C/O (complains of) (L) leg pain. (continued...) Refused Blood Sugar assessment. C/O (L) leg pain (non-specific). Fall witnessed. Dr. updated (with) new orders...to obtain x-ray of (L) extremity...Tylenol given for pain."</p> <p>-10/25/13 (10:18 PM) "Mobile xray here. Xray left leg. Awaiting results."</p> <p>-10/25/13 (11:40 PM) "Xray results received. Left hip results no fracture or dislocation, left knee no fracture or dislocation seen. Left foot results no fracture or dislocation seen. Left ankle results trimalleolar (fracture which involves the lateral malleolus, medial malleolus and the distal posterior aspect of the tibia) ankle fracture...call placed out to [name of doctor]."</p> <p>-10/25/13 (11:45 PM) "[Name of doctor] notified of results. N.O. (new order) Orth Consult to be early tomorrow."</p> <p>-10/26/13 (7:30 AM) Tylenol was given to client A for pain. Client A was awake laying in bed. The note indicated client A's left ankle was "...swollen, tender to touch. Attempted to make appt (appointment) @ (at) [name of</p>						

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	<p>orthopedic clinic] and they are closed today. [Name of doctor] updated with orders to send to ER...."</p> <p>-10/26/13 (8:15 AM) Client A was transported to hospital ER by ambulance.</p> <p>-10/26/13 (12:30 PM) Client A was given Tylenol for pain. The note indicated client A was not to bear weight and client A's leg was "slightly swollen."</p> <p>-10/26/13 (1:30 PM) "Ret' d (returned) from hosp (hospital) via cot by ambulance. It (left) (sic) ankle has splint in place. Able to move toes. Skin is warm & dry. Swelling remains to toes. Hoyer into Jeri (sic) chair w/ (with) feet elevated on pillows. Continues to complain of pain with movement. Refuse ice. Orders rec'd (received) for pain meds, ice & elevation and to follow-up with [name of orthopedic clinic] in 3-5 days. Will continue to monitor & medicate as needed."</p> <p>-10/27/13 (1:30 PM) "...In geri chair legs elevated. left (sic) leg slightly swollen. Resident denies pain...."</p> <p>-10/27/13 (7:00 PM) "Res in geri chair with leg elevated...c/o of ankle pain. Provided Norco for pain...Will monitor</p>			

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	<p>continuously."</p> <p>-10/28/13 (12:30 PM) Client A went to the orthopedic doctor for a follow-up appointment.</p> <p>-10/28/13 (4:00 PM) "Res. returned from orthopedics (sic) appointment. New orders received. Non-weight bearing on left leg, use wheelchair. Full assist with transfers. Res has a follow up apt (appointment) on 11-11-13...has no complaint of pain at this time...."</p> <p>-11/4/13 (7:32 AM) "N.O. Clarification: Bed alarm in place et (and) functioning. Monitor q (every) shift."</p> <p>Client A's 10/26/13 FINAL REPORT (X-ray) indicated "...FINDINGS: There is osteopenia. There is an obliquely oriented fracture through the distal fibula. Small tibiotalar joint effusion. Irregularity along the anterior aspect of the tibia maybe related to small anterior tibial fracture at the distal tibia or possibly degenerative change. Probable fracture along the posterior tibia which is not significantly displaced and best seen on the lateral view. IMPRESSION: Obliquely oriented distal fibula fracture with probable posterior tibial fracture and degenerative change versus anterior tibial fracture distally. 2.</p>				

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	<p>Osteopenia...."</p> <p>Client A's 10/26/13 Emergency Department Discharge Instructions indicated client A was to follow-up with his primary care doctor in 1 to 2 days and with an orthopedist in 3 to 5 days. The ER note indicated client A was not to walk on the ankle, to keep the ankle elevated and use ice.</p> <p>Client A's 10/28/13 Orthopedic note indicated "...Today's instructions/counseling includes no weight bearing...Other: short leg cast applied. The patient was instructed to follow up in 14 days. A follow up visit to be scheduled to obtain X-rays of affected area in cast, for fracture re-evaluation and 3 views of the ankle. The patient was instructed to call the office if the pain is not improving or is worsening. Diagnosis: 1. Trimalleolar Fx (fracture)-closed (824.6), Acute. I will review with our foot and ankle surgeon. I feel it may be the best interest at this point to pursue nonoperative treatment initially. Certainly if the fracture position changes then open reduction and internal fixation will be required. She is to be nonweightbearing (sic) and have assistance with transfers. Mainly ambulate with a wheelchair...Additional</p>						

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	<p>information: PATient (sic) here after she fell and injured Lt ankle. Went to [name of hospital] ER and they said she had a fracture and splinted it. Also gave her Norco for pain. Here today for follow up. States she is having constant pain. She normally ambulates in a wheelchair. She needs assistance for transfers. She has worn an AFO (leg splint/brace)...." Client A's 10/28/13 Orthopedic note indicated client A's diagnosis included, but was not limited to, Osteoporosis.</p> <p>Client A's 11/11/13 Orthopedic note indicated "...Diagnosis: 1. Trimalleolar fracture, closed (824.6) X-ray shows that alignment of the fracture. I did review the case with [name of doctor], our foot and ankle surgeon, who agreed with nonoperative treatment in this patient. Continue with present cast. She is to be nonweightbearing (sic) and will continue to need assistance with transfers. No new medication at this time, Follow-up in two weeks. Three views of the ankle in the cast at that time. She will likely be in a cast for 6 to 8 weeks...She is experiencing tenderness...." The 11/11/13 Orthopedic note indicated "Three views of the ankle in cast show an oblique fracture of the distal fibula with nondisplaced fracture of the medial malleolus and fracture of the posterior malleolus. The talus (ankle</p>						

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	<p>bone) is centered under the tibia."</p> <p>Client A's record indicated the following PT evaluations/assessments:</p> <p>-9/25/13 Client A "...ambulates (with) Merry Walker, but can ambulate (with) staff & gait belt. She has adaptive devices of (L) AFO...Pt. (patient) continues to require 1 persona assist (with) transfers...."</p> <p>-11/9/13 Client A had a left ankle fracture. The PT note indicated client A was "...referred to PT following increasing need for strength training and mobility after (L) ankle trimalleolar fracture...Pt ambulated and transferred with staff assist/supervision...gait Unable to ambulate @ this time. Pt will benefit from supine and sitting exercises as prescribed to nurse and aides to follow up with patient on (sic)."</p> <p>Client A's 11/4/13 Behavior Intervention Plan (BIP) indicated client A demonstrated physical aggression defined as "scratching, kicking, pulling on others, throwing object at someone, swatting at people who pass or come near to her, or as she is walking by others (this is often done in a teasing/attention seeking manner)."</p>						

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	<p>Client A's 11/5/13 Individualized Support Plan (ISP) indicated client A had the following adaptive equipment (not all inclusive):</p> <ul style="list-style-type: none"> -Left leg brace to improve mobility. The ISP indicated client A was to wear the brace when she was out of bed. -Wheelchair for safety due to being a fall risk. The ISP indicated the wheelchair was to be used as needed for transportation. -Merry Walker for safety due to being a fall risk. The ISP indicated client A was to use the Merry Walker to self transport in buildings as needed. -AFO left splint was to be worn when the client was walking. The ISP indicated client A was to put the AFO on when she dressed for the day. <p>Client A's 11/5/13 ISP indicated client A had a risk plan for "Safety Skills/Fall Risk" which indicated the following:</p> <ul style="list-style-type: none"> "-Will sit carefully in a chair (avoid hitting arms of chairs) -Will wait for staff assistance before walking -Will walk without stumbling -Will walk without falling 						

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	<p>-Will identify a wet-floor sign -Will walk around water -Will avoid walking on clothing or similar items -Will correctly use adaptive equipment."</p> <p>Client A's 11/1/13 Nursing Care Plan indicated "...10. Fall Risk Identifier in place Safety goal in place Fall risk assessment completed quarterly and with every fall If fall occurs, nursing to assess for injuries Low bed Mat beside bed Bed Alarm Walker, w/c (wheelchair), other adaptive devices as ordered (splints, orthopedic shoes, etc.) PT/OT (occupational therapy) evaluations as indicated...."</p> <p>Client A's 10/25/13 Episodic Care Plan Falls indicated client A was a fall risk. The episodic care plan indicated client A participated in a "falling leaf program (fall assessment)." The risk plan indicated client A fell when she attempted to hit staff. The plan also indicated client A utilized a wheelchair, walker, gait belt and required a 2 staff assist for ambulation and transfers. The 10/25/13 episodic plan did not indicate</p>				

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	<p>client A had a fractured ankle. Client A's 11/5/13 ISP, 11/9/13 PT evaluation and/or 10/25/13 Episodic Care Plan indicated the facility's nursing service did not develop a risk plan for the care of client A's fracture in regard to how to bathe the client, and/or how to specifically transfer the client as no Hoyer Lift was indicated. Client A's 11/5/13 ISP and/or 10/25/13 Episodic care plan did not indicate client A had a risk plan which addressed the client's Osteoporosis/Osteopenia diagnoses. Client A's 11/5/13 ISP and/or record indicated the facility's nursing services did not put a risk plan in place in regard to client A's ambulation prior to the 10/25/13 fall/fracture. The facility's nursing services failed to ensure the use of a gait belt was part of the client's plan prior to 10/25/13 incident. Client A's PT evaluation and/or record did not indicate the type of gait belt to be used with client A. Client A's interdisciplinary team failed to obtain an assessment in regard to the needed adaptive equipment for client A's ankle fractures regarding mobility and transfers to ensure the client's safety.</p> <p>Interview with LPN #2 on 11/19/13 at 1:25 PM indicated client A's wheelchair was not comfortable for client A. LPN #2 indicated client A would complain of</p>						

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	<p>leg pain. LPN #2 indicated client A's wheelchair leg rest was broken. LPN #2 indicated client was placed in a new wheelchair/Geri Chair as of 11/19/13. LPN #2 stated the new wheelchair/geri chair "looks more comfortable." LPN #2 indicated 2 staff used the Hoyer lift to assist client A to transfer. LPN #2 indicated client A was not to bear any weight on her left foot.</p> <p>Interview with LPN #1 on 11/19/13 at 1:33 PM indicated she witnessed client A fall in the dining room. LPN #1 indicated client A was getting ready to eat and the client was assisted by staff to transfer with a gait belt. LPN #1 stated client A stood and leaned over to "swat" a staff person and the staff who had a hold of the gait belt was not able to hold onto the client when she lost her balance and fell. LPN #1 stated "Staff not able to hold her up. She (client A) landed on her left side." LPN #1 indicated facility staff was not able to prevent client A from falling due to client A's size. When asked what type of gait belt was on the client that day, LPN #1 stated a "regular gait belt." LPN #1 stated she was concerned client A had a "hip injury" as the client's hip was red and the client was refusing to bear weight. LPN #1 indicated client A had 2 fractures in the ankle. LPN #1 indicated client A</p>			

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	<p>complained of pain today and was given her pain medication. LPN #1 stated "She was not comfortable in the wheelchair. Tried to assess a different chair for her today." LPN #1 indicated PT had been in to see the client since client A fractured her ankle. LPN #1 indicated client A would have 2 staff assist the client to ambulate with a gait belt once the client's ankle healed. LPN #1 stated client A was being transferred with "a Hoyer lift only" as client A was non weight bearing. When asked if client A's wheelchair had been evaluated by the PT, LPN #1 stated "No." LPN #1 indicated she thought the PT had made some recommendations. When asked how facility staff were to shower/bathe client A, LPN #1 stated "Orders not to get wet. Cover. They (staff) were giving her a bed bath when she first fractured her ankle." LPN #1 indicated she thought facility staff were covering client A's cast with something. LPN #1 stated an "Episodic Care Plan " was put in place at the time client A fell. LPN #1 stated the CNA (certified nurse aides) were "educated at shift change/covered in huddle" on how staff were to care for client A's fractured ankle. LPN #1 was not able to locate any additional risk plans for the care of client A's fractured ankle.</p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Interview with administrative staff #1, the Director of Nursing (DON) and Qualified Intellectual Disabilities Professional (QIDP) #1 on 11/19/13 at 4:26 PM indicated client A fractured her leg from a fall while having a behavior. Administrative staff #1 and QIDP #1 indicated facility staff had a hold of client A's gait belt when the client lost her balance and fell. QIDP stated client A was "swatting at staff." QIDP indicated client A used a Geri Chair after the incident occurred but then was changed to a regular wheelchair with padded foot rests. When asked if the wheelchair client A used during the 11/18/13 observation period was a Geri chair, QIDP indicated it was not. QIDP #1 indicated client A was placed in a different chair on 11/19/13. When asked if client A had more then 1 fracture to her ankle, the DON stated it sounded like "more than 1. Sounds like 3 to 4." Administrative staff #1 and QIDP #1 indicated they were not aware client A had more than 1 fracture in the client's left ankle. When asked if PT and/or OT had assessed/evaluated client A's wheelchair to make sure it was appropriate for the client's needs and/or recommended any other needed adaptive equipment as the client was not weight bearing, QIDP #1 stated "No." When asked if client A had a risk plan in place</p>			

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	<p>for the care of her fractured ankle, administrative staff #1, QIDP #1 and the DON indicated they would have to check. QIDP #1, the DON and administrative staff #1 were not sure if client A had a protocol/risk plan in regard to ambulation prior to the fall/fractures.</p> <p>2. During the 11/18/13 observation period between 4:00 PM and 6:50 PM, at the facility at 5:20 PM, client C had a deep and wet sounding cough. While coughing, client C stopped coughing and the client made a choking sound. Client C's face turned red. Staff #2, who was in the room, went over to the client and called for the nurse who was in the room. Staff #2 stated to LPN #3 "She has phlegm stuck in her throat." LPN #3 came over to check on the client and client C cleared what was in her throat. Client C then looked pale in color. At 5:21 PM, LPN #3 assessed the client in the classroom. LPN #3 checked client #3's temperature and staff #2 told LPN #3 about client C's cough sounding congested and wet. At 5:45 PM, client C again started to cough/choke while trying to clear phlegm/drainage in her throat.</p> <p>Client C's record was reviewed on 11/19/13 at 3:04 PM. Client C's 11/5/13</p>						

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	<p>physician's orders indicated client C had a Gastronomy Feeding Tube (G-tube) and client C's diagnoses included, but were not limited to, Hay Fever, Cerebral Palsy and Hypersalivation (excessive production of saliva).</p> <p>Client C's 11/5/13 Physician Progress Note indicated "[Client C] subjective/has no active problems. She has been noted (sic) have anemia and looks as if she has mild iron deficiency associated with this. There's been no evidence of unusual bleeding. [Client C] is largely fed via oral feedings...She has some facial erythema (redness); less dryness is noted than previously...."</p> <p>Client C's November 2013 Nurses Notes indicated on 11/15/13, client C's TB test was read and blood was drawn for client C's labs. Client C's record did not indicate any additional documentation/assessment of client C by the nurse on 11/18/13 as the 11/15/13 note was the last entry on client C's nurse notes.</p> <p>Interview with LPN #1 on 11/19/13 at 1:25 PM stated client C had "No problems with coughs. Has problems with saliva and a lot of phlegm." LPN #1 indicated client C produced a lot of saliva. LPN #1 indicated client C also</p>				

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	<p>had a G-tube which was used when client C refused to eat. LPN #1 indicated she had heard client C cough in the past and felt it was related to the client's allergy/drainage. LPN #1 indicated nursing staff should document assessment of clients in the nurse notes.</p> <p>Interview with QIDP #1, the DON and administrative staff #1 on 11/19/13 at 4:26 PM indicated they were not aware of what was going on with client C's coughing. The DON indicated nursing staff should have documented their assessment of client C from 11/18/13.</p> <p>This federal tag relates to complaint #IN00138987.</p> <p>3.1-17(a)</p>				